

**DEPARTMENT OF DEFENSE DEPENDENTS SCHOOLS (DoDDS)  
APPLICATION FOR OVERSEAS EMPLOYMENT**

OMB No. 0704-0370  
OMB approval expires

The public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 1155 Defense Pentagon, Washington, DC 20301-1155 (0704-0370). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO:  
DEPARTMENT OF DEFENSE DEPENDENTS SCHOOLS, HUMAN RESOURCES CENTER  
4040 NORTH FAIRFAX DRIVE, ARLINGTON, VA 22203-1634**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 20 USC Sections 902, 903, and E.O. 9397.

**PRINCIPAL PURPOSE:** Used to screen applicant for educational qualification and employment eligibility.

**ROUTINE USE(S):** Disclosures of germane information within the Department of Defense is authorized upon a demonstrated "need to know" to perform official duty, including, but not limited to DoD attorneys rendering advice and assistance; DoD law enforcement or security activities for investigative purposes. Routine disclosures of relevant and necessary information is authorized to agencies outside of the DoD by DoD Privacy Act Systems Notices, which may be found at <http://www.defenselink.mil/privacy/notices/osd/>, including, but not limited to: (1) to the Office of Personnel Management to verify or establish the selected applicant's pay and leave, benefits, retirement deduction, and for any other of OPM's legally authorized government-wide personnel management functions and studies; (2) the appropriate Federal, State or local law enforcement agency in connection with possible violation of law, whether civil, criminal or regulatory; (3) a Federal, State or local agency maintaining civil, criminal, relevant enforcement or other pertinent information, such as current licenses, or to a Federal agency, concerning an investigation of an employee, the letting of a contract, or the issuance of a license, grant or other benefit by the requesting agency, the hiring or retention of an employee or the issuance of a security clearance; (4) in response to an inquiry from a Congressional office made at the request of the individual to whom the data in this form concerns; (5) to the Office of Management and Budget in connection with the review of private relief legislation; (6) to foreign law enforcement, security, investigatory, or administrative authorities in compliance with international agreements and arrangements; (7) to State and local taxing authorities for which an employee or military member is or was subject to tax; (8) to any component of the Department of Justice for the purpose of representing the Department of Defense, or any officer, employee or member of the Department in pending or potential litigation to which the record is pertinent; (9) to a domestic or foreign entity for the purpose of counterintelligence activities authorized by U.S. Law or Executive Order or for the purpose of enforcing laws which protect the national security of the United States; and (10) to the Merit Systems Protection Board, the General Services Administration, and the National Archives and Records Administration for uses consistent with their respective statutory duties.

**DISCLOSURE:** Your disclosure of the information requested on this form is voluntary. However, your failure to disclose requested information may delay or prevent your being considered for employment.

<b>1. SOCIAL SECURITY NUMBER</b>		<b>2. BIRTH DATE (YYYYMMDD)</b>		<b>3. U.S. CITIZEN? (Must be a U.S. citizen)</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>4. NAME (Last, First, Middle)</b> <p align="center" style="font-size: 2em;"><b>D R A F T</b></p>			<b>5. E-MAIL ADDRESS</b>		
<b>6. LOCAL ADDRESS (Street, Apartment Number, City, State, ZIP Code)</b>			<b>7. PERMANENT ADDRESS (If different)</b>		
<b>8. HOME TELEPHONE NUMBER</b> <i>(Include Area Code)</i>		<b>9. WORK TELEPHONE NUMBER</b> <i>(Include Area Code)</i>		<b>10. OTHER TELEPHONE NUMBER</b> <i>(Include Area Code)</i>	
<b>11. AVAILABILITY DATE (YYYYMMDD)</b>		<b>12. IS SPOUSE APPLYING? (If Yes, complete a., b., and c., below)</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			
a. SPOUSE'S NAME (Last, First, Middle)		b. SSN		c. CATEGORIES FOR WHICH SPOUSE IS APPLYING	
<b>13. VETERAN PREFERENCE?</b> <input type="checkbox"/> NO PREFERENCE OR NOT A VETERAN <input type="checkbox"/> 5-POINT <input type="checkbox"/> 10-POINT		<b>14a. HIGHEST DEGREE HELD</b>		b. MAJOR	
				c. DEGREE GRANTED (YYYYMMDD)	
<b>15a. ARE YOU A FORMER DoDDS TEACHER?</b> <input type="checkbox"/> YES (Complete b. - e.) <input type="checkbox"/> NO		b. LAST YEAR TAUGHT		c. NUMBER OF YEARS	
				d. SCHOOL	
e. NAME UNDER WHICH EMPLOYED <i>(If different from Item 4)</i>		<b>16a. DO YOU HAVE A VALID STATE CERTIFICATE?</b> b. STATE		<input type="checkbox"/> YES (Complete b. & c.) <input type="checkbox"/> NO	
		c. CATEGORIES			
<b>17. HAS A VALID STATE CERTIFICATE EVER BEEN REVOKED FOR CAUSE? (If Yes, explain)</b> <input type="checkbox"/> YES <input type="checkbox"/> NO					
<b>18. HAVE YOU MET THE DoDEA PRAXIS REQUIREMENTS?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			<b>19. TOTAL YEARS OF TEACHING EXPERIENCE IN FULL TIME, PRE-K - 12, ACCREDITED SITUATION</b>		

**20. SUPERVISOR INFORMATION FOR UP TO 10 YEARS OF TEACHING EXPERIENCE IN PRE-K - 12 SITUATION**

a. YOUR POSITION	b. SUPERVISOR NAME AND TITLE	c. TELEPHONE NUMBER <i>(Include Area Code)</i>

**21. HAVE YOU HAD TRAINING AND/OR EXPERIENCE IN THE FOLLOWING CURRICULA AND/OR INSTRUCTIONAL METHODS?**

*(X all that apply)*

<input type="checkbox"/>	a. Language Immersion	<input type="checkbox"/>	u. Teaching Advanced Placement Courses
<input type="checkbox"/>	b. Business Lab	<input type="checkbox"/>	v. Peer Counseling
<input type="checkbox"/>	c. Early Childhood Education	<input type="checkbox"/>	w. Portfolio Assessment
<input type="checkbox"/>	d. Multiage/Multigrade Instruction	<input type="checkbox"/>	x. Water Safety Instruction
<input type="checkbox"/>	e. Conducting In-service Training	<input type="checkbox"/>	y. Human Sexuality
<input type="checkbox"/>	f. Drug and Alcohol Education	<input type="checkbox"/>	z. School to Work
<input type="checkbox"/>	g. English as a Second Language (ESL)	<input type="checkbox"/>	aa. Autism - Training or Experience
<input type="checkbox"/>	h. Service Learning	<input type="checkbox"/>	bb. Early Literacy
<input type="checkbox"/>	i. Cooperative Learning	<input type="checkbox"/>	cc. Centers Based Learning
<input type="checkbox"/>	j. School/Community Partnership	<input type="checkbox"/>	dd. Developmentally Appropriate Activities
<input type="checkbox"/>	k. Constructive Approach to Learning	<input type="checkbox"/>	ee. Experience with Different Level Abilities within the Same Classroom
<input type="checkbox"/>	l. Micro Based Labs	<input type="checkbox"/>	ff. Speaking and Understanding Foreign Language
<input type="checkbox"/>	m. NCTM Math Standards	<input type="checkbox"/>	gg. Guided Reading/Flexible Grouping
<input type="checkbox"/>	n. Reading Recovery	<input type="checkbox"/>	hh. Literature as Basis for Teaching Grammar, Usage and Mechanics
<input type="checkbox"/>	o. National Writing Project	<input type="checkbox"/>	ii. Literature as Basis to Teach Phonics
<input type="checkbox"/>	p. Small School Experience	<input type="checkbox"/>	jj. Standards-based Instruction
<input type="checkbox"/>	q. Resource Based Learning/Information	<input type="checkbox"/>	kk. Performance Assessment
<input type="checkbox"/>	r. Middle School Experience	<input type="checkbox"/>	ll. Technology as an Instructional Tool
<input type="checkbox"/>	s. Talented and Gifted	<input type="checkbox"/>	mm. Involving Parents in the Education of Their Children
<input type="checkbox"/>	t. Distance Learning	<input type="checkbox"/>	nn. Other _____

D R A F T

**22. EXTRA-CURRICULAR ACTIVITIES** *(If you have directed or coached activities listed below and are willing to do so, place an "X" in the proper block(s).)*

<input type="checkbox"/>	a. Athletic Director	<input type="checkbox"/>	g. Cross Country	<input type="checkbox"/>	m. Outward Bound	<input type="checkbox"/>	s. Track & Field
<input type="checkbox"/>	b. Swimming	<input type="checkbox"/>	h. Dramatics	<input type="checkbox"/>	n. Photography	<input type="checkbox"/>	t. Volleyball
<input type="checkbox"/>	c. Band/Orchestra	<input type="checkbox"/>	i. Football	<input type="checkbox"/>	o. School Publications	<input type="checkbox"/>	u. Wrestling
<input type="checkbox"/>	d. Baseball	<input type="checkbox"/>	j. Chorus	<input type="checkbox"/>	p. Soccer	<input type="checkbox"/>	v. Speech
<input type="checkbox"/>	e. Basketball	<input type="checkbox"/>	k. Golf	<input type="checkbox"/>	q. Softball	<input type="checkbox"/>	w. Debate
<input type="checkbox"/>	f. Cheerleader	<input type="checkbox"/>	l. Gymnastics	<input type="checkbox"/>	r. Tennis	<input type="checkbox"/>	x. JROTC Rifle Team

**23. CERTIFICATION.**

I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.

a. SIGNATURE <i>(Sign in dark ink)</i>	b. DATE SIGNED (YYYYMMDD)
--	---------------------------

**24. FOR DoDEA USE ONLY**